

FILED JUN 13 1947  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3931 Kossuth Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3931 Kossuth Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Emma Diedrich

3. (b) If veteran, name war None 3. (c) Social Security No. 488-01-3393

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased August 25th, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days 3 If less than one day  
67 9 4 hr. min.

9. Birthplace Alton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitress

11. Industry or business

12. Name Fred Gibbons

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Adams

15. Birthplace St. Louis,  
(City, town, or county) (State or foreign country)

16. (a) Informant Kathleen Huber

(b) Address 3931 Kossuth Ave.

17. (a) Burial (b) Date thereof May, 31/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Provost Mortuary

18. (a) Signature of funeral director 3710 N. Grand Avenue  
(b) Address

19. (a) MAY 29 1947 J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1 - 1947  
and that I last saw her alive on May 26, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature R. D. Bigler (M. D. or other) 5-29-47  
Address 152 N. 1st St. St. Louis, Mo. Date signed 5-29-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**